2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90285 045 ****61.25

DOCUMENT # N99000003422

1. Entity Name
IN THE PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O PHOENIX MGMT~~ ~~4780 N ST RD 7 E250~~ ~~FORT LAUDERDALE, FL 33319~~	~~C/O PHOENIX MGMT~~ ~~4780 N ST RD 7 E250~~ ~~FORT LAUDERDALE, FL 33319~~

03032005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
11784 W. Sample Rd Suite, Apt. #, etc.	11784 W. Sample Rd Suite, Apt. #, etc.
City & State: Coral Springs FL Zip: 33065 Country:	City & State: Coral Springs, FL Zip: 33065 Country:

4. FEI Number 65-0958608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PHOENIX MANAGEMENT~~ ~~4780 N STATE RD 7 #E-250~~ ~~LAUDERDALE LAKES, FL 33319~~	Name: United Community Mgmt Corp. Street Address (P.O. Box Number is Not Acceptable): 11784 W. Sample Road City: Coral Springs FL Zip Code: 33065

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rose Kattouw VP Finance United Comm Mgmt 3/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTHENBERG, MARK D 8888 PINEBROOK PARKLAND, FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FISH, ROBERT 5996 PINEWOOD PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MORRIS, STEWART 5966 PINEWOOD PARKLAND, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kaiser, Kent 8898 Pinebrook Court Parkland, FL 33076	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kent J Kaiser - Kent J Kaiser - Director 3/5/05 954 796-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #